MISHAP REPORT FORM				DATE OF REPORT			THIS REPORT MUST BE COMPLETED IN ACCORDANCE WITH CAPR 62-2 FOR ALL CAP MISHAPS									
INSTRUCTIONS: This report must be completed by the unit commander or designee and forwarded within 48 hours following each accident which results in injury to any person and/or damage to any property during CAP activities. See CAPR 62-2, paragraph 5, for distribution.																
DATE OF MISHAP TIME OF MISH				IAP	REGION		WING PLACE OF M					OF MISH	SHAP			
TYPE MISHAP (Check one or more)									☐ Ground							
AIR A/C OR A/C N-NUMBER OR VEH YEAR/MAKE/MOI						CRAFT OR VEHICLE DEL APPARENT DAMAGE SUSTAINED					FST RI	EST REPAIR COSTS (OR				
VEH NO.	IDENTIFICATION NO.			TEARWARE/MODEL			ALL ARENT DAWAGE GOOTAINE				T T T T T T T T T T T T T T T T T T T	MARKET VALUE IF TOTAL LOSS)				
1																
2																
PRIVATE PROPERTY DAMAGE OTHER THAN AIRCRAFT OF VE							(OBJECT DAMAGED AND EXTENT OF DAMAGE):				EST REPAIR COSTS					
A. PERSON AT CONTROLS										INJURY						
A/C OR VEH NO.	GRADE AND NAME					AGE	Ξ	PHONE NUM	PHONE NUMBER		CAP UNIT NO.			NONFATAL		
1																
2																
CAP Operator's License No. Veh 1: CAF							CAP Operato	CAP Operator's License No. Veh 2:								
B. CODE: W-WITNESS P-PASSENGER S-SCANNER O-OBSERVER Z-OTHER (SF							OTHER (SPECIF	Y BELO	W))			IN	JURY			
A/C OR VEH NO.	GRADE AND NAME						Ξ	PHONE NUM	IBER.	CODE CAP UNIT		NT NO.	FATAL	NONFATAL		
1																
2																
	ecify Here):				•				<u> </u>							
C. OWNER	R OF AIRCRA	FT OR VE	HICLE										IN	JURY		
A/C OR VEH NO.	GRADE AND NAME				AGE		PHONE NUMBER		CAP UNIT NO.			FATAL	NONFATAL			
1																
2																
D. PERSON(S) INJURED NOT AS A RESULT OF AIRCRAFT OR VEHICLE MISHAP									INJURY							
GRADE AND NAME						AGE		PHONE NUM	MBER	CAP U	NIT NO.		FATAL	NONFATAL		
						_										
PURPOSE OF ACTIVITY:																
MOVEME	NT OF AIRC	RAFT OF	R VE	HICLE W	MOVEMENT OF AIRCRAFT OR VEHICLE WAS REQUESTED BY:											

OPR/ROUTING: DOR

For Ground Vehicle. Seat belt used?	F	or Pilot. Has PIC participated in FAA Pilot Proficiency Programs?										
☐ Yes ☐ No												
For Aircraft. Shoulder harness used?	Γ	Yes	s ☐ No Which phase?									
☐ Yes ☐ No						(Enter last phase completed)						
PERSON AUTHORIZING MOVEMENT OF A/C OR VEH OPERATED BY CAP PERSONNEL:												
GRADE AND NAME	POSITION			ADDRESS		PHO	NE NUM	BER				
ACCOUNT OF MISHAP: (Be brief and do no pages if appropriate). (Refer to CAPR 62-2 to		or com	ments about	t fault or liability.	Include sketches,	diagrams	, or add	litional				
pages ii appropriate). (Refer to CAFR 02-2 before completing).												
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									ļ			
WEATHER CONDITIONS AT TIME OF MISH	IAD.											
									ļ			
☐ Fog ☐ Rain ☐ Snow ☐ Sleet	_	☐ Torr		Tempera		Degrees Visib	-		Miles			
A/C MISHAPS ONLY Dewpoint:	_ Degree		Ceiling:		Feet Wir		Wind					
PILOT INFORMATION		FOR	PILOTI	N COMMAN	ID	FOR COPILOT C	R STUD	ENT PII	LOT			
TOTAL TIME												
TIME LAST 6 MONTHS												
TIME LAST 3 MONTHS												
TIME THIS MODEL												
NO. OF LANDINGS LAST 90 DAYS												
NO. OF FLIGHTS LAST 90 DAYS												
DATE OF LAST FORM 5 CHECKFLIGHT												
DATE OF LAST FORM 91 CHECKFLIGHT												
TIME IN RETRACTABLE GEAR IF APPLICA												
DATE OF FAA MEDICAL												
FAA RATING/CERTIFICATES/EXPIRATION												
ANY PREVIOUS MISHAPS (EXPLAIN ABO)												
	GENERA	L (Chec	ck Yes,	No, or Not A	Applicable)							
	Yes	No	N/A				Yes	No	N/A			
Trip Authorized by CAP Orders/Form 99	? 🗆			Mishap R	Mishap Resulted from CAP Activities?							
Photographs Taken?												
DATE NTSB NOTIFIED AND LOCATION:			CHECK ONE: (IAW NTSB PART 830)									
		☐ Accident ☐ Incident										
PHONE NUMBER OF PERSON COMPLETI		UNIT AND CHARTER NUMBER:										
GRADE, NAME, AND CAPSN OF PERSON COM	NDT:	SIGNATURE:										
GRADE, NAIVIE, AND CAPSIN OF FERSON COIV	PLETING IT	JKI.	GIOTATIONE.									